



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Bernard Frohnapple
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



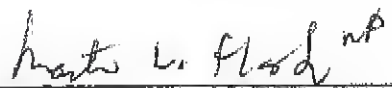
Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

07 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: BERNARD J. Frohnapple CLASSIFICATION: FGF

DEPARTMENT: SAFETY DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

BERNARD J. Frohnapple DBA B+B Windows + Remodeling
3085 WEST 155th St CLEVELAND, Ohio 44111
216-221-9706

JOB TITLE: Pres. / installer

TYPES OF DUTIES PERFORMED: Window Replacement

HOURS TO BE WORKED: 20 HRS

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Bernard J. Frohnapple
Employee Signature

1-30-12
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY
Master C. Clark MS
DEPARTMENT DIRECTOR

2/6/12
DATE
2-7-12
DATE

EXPIRES JANUARY 31, 2009
13

(NOTE: Approval must be renewed annually)

Certificate of Coverage

Page 1 of 1

Ohio**Bureau of Workers'
Compensation**30 W. Spring St.
Columbus, OH 43215**Certificate of Premium Payment**

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1437329

08/21/2011 Thru 02/29/2012

B&B WINDOWS & MORE INC
3085 W 155TH
CLEVELAND, OH 44130

ohiobwc.com



Stephen Bush
ADMINISTRATOR

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation**Required Posting**

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-28 BYWC-1628 7/7/08



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Andrew Gorski
(Employee Name)

Date: February 28, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved

Chief, Division of Fire

2/28/12

Date

☒ Approved

☐ Disapproved

Martin L. Flask, Director

10 APR 2012

Date

cc: Chief Stubbs: After Decision



Renewal: Start 2009

**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: Andrew Gorski CLASSIFICATION: _____

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Self Employed - Andrew Gorski

Miracle Method Surface Refinishing

JOB TITLE: OWNER

TYPES OF DUTIES PERFORMED: Supervise Employees, Order Materials

HOURS TO BE WORKED: < 20 hours per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

[Signature]
Employee Signature

12-1-11
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

2/28/12
DATE

[Signature]
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

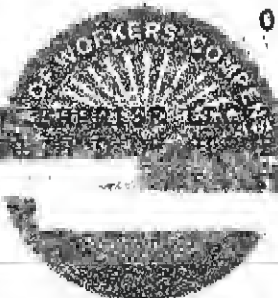
Period Specified Below

1537949

07/01/2011 THRU 02/29/2012

GORSKI E. LABORER
MIRACLE METHOD, INC.

PARMA, OH



Stephen Buehler
Administrator/CEO

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers'
Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Otis Howell
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

1/30/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

31 JAN 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Otis Howell, Jr. CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Aeromag 2000 CLE
6030 Cargo Rd. Cleve., OH 44135
216 267-0011

JOB TITLE: Technician

TYPES OF DUTIES PERFORMED: De-ice Air Planes

HOURS TO BE WORKED: 0515 - 1345 2x week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Otis Howell, Jr.
Employee Signature

1-24-12
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

Expires Jan 31, 2013

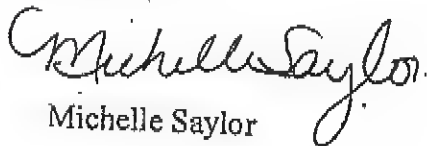


Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Charles Jack
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/24/12
Date

☒ Approved

☐ Disapproved

 1/30/12
Martin L. Flask, Director

30 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Charles Jack CLASSIFICATION: Lieutenant of Fire

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Acromag 2000
6030 Cargo Rd.
Cleveland, OH 44135
216-267-7172

JOB TITLE: Driver

TYPES OF DUTIES PERFORMED:

operation of deicing equipment at Cleveland Hopkins airport

HOURS TO BE WORKED: <20 hrs per week average

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1/16/12
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

1/24/12
DATE

[Signature]
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

David Kebbel
(Employee Name)

Date: January 6, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/12/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

17 JAN 2011
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: David C. Kessel CLASSIFICATION: Capt.

DEPARTMENT: Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Aeromare 2000

6030 Carnegie Rd, Cleveland, OH

216-789-3553

JOB TITLE: Driver

TYPES OF DUTIES PERFORMED: Driving of Airplanes

HOURS TO BE WORKED: 20 hrs

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

DICK KESSEL
Employee Signature

11/12/12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

11/12/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Christopher Keener
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

1/24/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

30 JAN 2012
Date

cc: Chief Stubbs; After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Christopher Keener

CLASSIFICATION: Lieutenant of Fire

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Aeromag 2000
6030 Cargo Rd.
Cleveland, OH 44135
216-267-7172

JOB TITLE: De-icing technician

TYPES OF DUTIES PERFORMED:

operation of deicing equipment at Cleveland Hopkins airport

HOURS TO BE WORKED: <20 hrs per week average

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Christopher Keener
Employee Signature

1-18-12
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

1/24/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012³ (NOTE: Approval must be renewed annually)



Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Saylor".
Michelle Saylor



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Patrick Kelly
(Employee Name)

Date: January 30, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

1/31/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

31 JAN 2012
Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: Patrick Kelly CLASSIFICATION: Assistant Chief

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cuyahoga Community College
11000 Pleasant Valley Road
Parma, Ohio 44130

JOB TITLE: Fire Instructor

TYPES OF DUTIES PERFORMED:

Instruct Fire Academy students in the fundamentals of firefighting

HOURS TO BE WORKED: 4-20 hours/week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Patrick J. Kelly
Employee Signature

1-20-12
Date

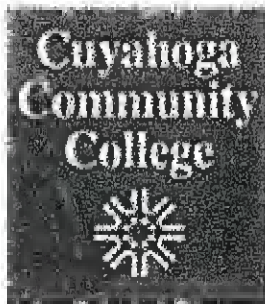
[Signature]
AUTHORIZED BY
APPOINTING AUTHORITY

1/31/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Medical Providers Billing Information Notice

Effective September 1, 2008 Cuyahoga Community College has been granted the privilege of self-insurance in its Workers' Compensation program. As such, all bills will be processed through the College. Effective July 1, 2010, CareWorks Consultants Inc. ("CCI") is the third party administrator for workers' compensation for the College. Please submit bills to:

CareWorks Consultants Inc.

5500 Glendon Court

Dublin, OH 43016

Phone # 1-800-837-3200

FAX # 614-764-7629

Medical only claims, those with less than seven days lost time no longer need to be filed with the Ohio Bureau of Workers' Compensation. Completed First Report of Injury (FROI) forms should be forwarded to the College instead of the Bureau of Workers' Compensation. Your cooperation will ensure that the bills will be paid in an expedient manner, utilizing the Ohio Bureau of Workers' Compensation FEE guidelines.

Any questions regarding billings may be directed to the College at: (216) 987-4795.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

James Kennedy
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☐ Approved


☐ Disapproved


Chief, Division of Fire

1/30/12
Date

☒ Approved

☐ Disapproved

 1/30/12
Martin L. Flask, Director

31 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: James Kennedy CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Patriot Construction
PO Box 1165
Bath, Ohio 44210
1-330-666-5267

JOB TITLE: Carpenter

TYPES OF DUTIES PERFORMED:

Carpentry

HOURS TO BE WORKED: 20 hrs

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1-25-12
Date

AUTHORIZED BY [Signature]
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Tuesday, January 10, 2012

To Whom It May Concern,

James E. Kennedy is currently employed by Patriot Construction Services, Inc and is covered under our worker compensation coverage during his employment.

See attached current BWC certificate.

Feel free to contact me directly with any questions regarding this matter.

Respectfully Submitted,

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Thomas N. Harlukowicz
Patriot Construction Services, Inc.
President

Cc employee file

PO Box 1165 Bath, Ohio 44210 • 330-666-5267(PH) • 330-666-3512(Fax) • www.patriotcarpenter.com



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1532125

07/01/2011 Thru 02/29/2012

PATRIOT CONSTRUCTION SERVICES INC
PO BOX 1165
BATH, OH 44210-1165



ohiobwc.com

Stephen Bucher
Administrator/CFO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Preston King-Bey
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

1/30/12
Date

☒ Approved

☐ Disapproved

 1/31/2012
Martin L. Flask, Director

31 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Preston D. King-Bey

CLASSIFICATION: FireMedic

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cuyahoga County-CECOMS

1255 Euclid Ave. 216-771-1363

JOB TITLE: 911 Operator

TYPES OF DUTIES PERFORMED:

emergency call taker, amber alerts, EAS alerts, etc.

HOURS TO BE WORKED: 16 hours a week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Preston D. King-Bey
Employee Signature

1-24-2012
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)
2013

STATE OF OHIO**BUREAU OF WORKERS' COMPENSATION**

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

31800001-0**NO EXPIRATION DATE**

**CUYAHOGA COUNTY COMMISSIONER
HUMAN RESOURCE DEPARTMENT
112 HAMILTON AVE FL 2
CLEVELAND OH 44114**

DP-22

BWC - 1622 (REV. 3/96)

012618965

James Conrad
ADMINISTRATOR

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

04/00



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Marlo Kotik
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

1/30/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

31 JAN 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: MARIO KORIK CLASSIFICATION: FCF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Aero Mag 2000
6070 Cargo Rd

JOB TITLE: Plane Deicer

TYPES OF DUTIES PERFORMED: Deicing of Planes

HOURS TO BE WORKED: 8 hrs Week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Mario Korik
Employee Signature

Jan 26 2012
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)

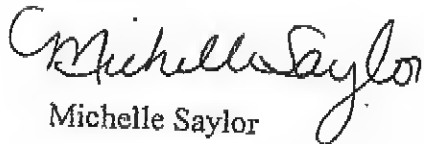


Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

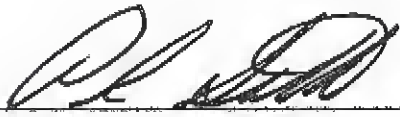
Richard Kovacic
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

7 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: RICHARD KOVACIC

CLASSIFICATION: LIEUTENANT

DEPARTMENT: FIRE

DIVISION: SAFETY

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

CLEVELAND CLINIC 9500 EUCLID AVE

CLEVELAND OHIO

- 440 824 6119

JOB TITLE: PARAMEDIC

TYPES OF DUTIES PERFORMED: EMERGENCY MEDICAL

HOURS TO BE WORKED: 8 HOUR SHIFTS

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

[Signature]
Employee Signature

1-30-12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

2/6/12
DATE

Mark L. Fleyher
DEPARTMENT DIRECTOR

2-7-12
DATE

²⁰¹³
EXPIRES JANUARY 31, ~~2009~~ (NOTE: Approval must be renewed annually)

WORKERS COMP CERTIFICATE ON FILE



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215-2256

Governor John R. Kasich
Administrator/CEO Stephen Buehrer

ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below 1st DAY OF January 2012 1st DAY OF January 2013
--	---

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointa Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43216-2256

Governor John R. Kasich
Administrator/CEO **Stephen Buehrer**

ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below 1st DAY OF January 2012 1st DAY OF January 2013
---	--

20002978-20 CLEVELAND CLINIC HOME CARE
20002978-21 CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogene Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Richard Kovacic

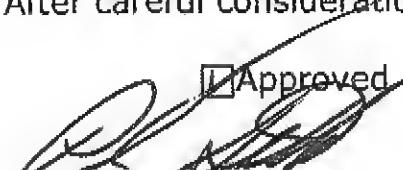
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Chief, Division of Police

2-17-12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

(fully request permission (☒ NEW REQUEST ☐ RENEWAL) to engage in secondary employment.

Name: RICHARD KOVACIC Rank: LT Badge: FF39 Date of Appointment: 1-10-11

Present assignment: Office ☒ Car 713 ☐

Employer: DECO INC Address: 13850 BLUESTEM City: BRIERLYN Type of Business: SECURITY

Address of Secondary Employment: 1240 E 97 ST Nature of Duties: SECURITY

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☒ Other Authorized ☐ Civilian Dress

Description of Firearm: SMITH WESSON MP40 Serial #: MRM 1231 Requalification Date: 6-24-11

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

- ☒ Worker's compensation coverage letter attached.
☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: 8 HOUR SHIFTS Maximum number of hours per week: 20

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: _____ Address: _____ Weekly Hours: _____

Employer: _____ Address: _____ Weekly Hours: _____

- Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
- Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: RICHARD KOVACIC Signature: [Signature] Date: 1-30-

Arson Unit Chief: Michael A. O'Day BC Date: 2/1/2012 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 2/6/12 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McLeath, Chief Date: 2-17-12 Approved: ☒ Denied: ☐

Comments: _____

Approval: _____

SAFETY DIRECTOR

Date: _____

(Certificate of Coverage)

Page 1 of 1


**Bureau of Workers'
Compensation**

 30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1416405

07/01/2011 Thru 02/29/2012

DECO INC
DECO SECURITY SERVICES
13850 BLUESTEM
BAXTER, MN 56426-7910



ohiobwc.com

Stephen Buchanan
Administrator/CRO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation
Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.


**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

John Koz
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

7 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: John Koz

CLASSIFICATION: Fire Fighter

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

John Koz SELF Employed
, Bay Village, OH

JOB TITLE: SELF Employed Residential Appraiser

TYPES OF DUTIES PERFORMED:

Residential Appraisals

HOURS TO BE WORKED: 14 to 18 hrs A WEEK (9:00 AM until 5:00 PM)

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Employee Signature

Date

AUTHORIZED BY:

APPOINTING AUTHORITY

DEPARTMENT DIRECTOR

Date

DATE

DATE



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

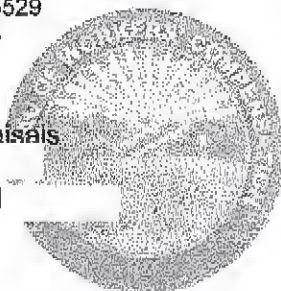
Period Specified Below

CONFIRMATION NUMBER: 283665529
APPLICATION NUMBER: 75508698

2/3/2012 Thru 8/31/2012

John Koz
John Koz Appraisals

Bay Village, OH



ohiobwc.com

Stephen Bucher
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Victor Lewis
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



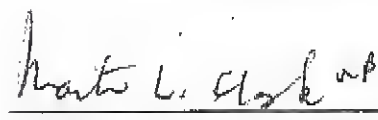
Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

07 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Victor Lewis CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

AeroMag2000
6030 Cargo Rd
Cleveland, OH 44135

JOB TITLE: Aircraft Deicer

TYPES OF DUTIES PERFORMED:

Deice Airplanes

HOURS TO BE WORKED: seasonal employment 0 to 16 hours per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1/30/12
Date

AUTHORIZED BY:

[Signature]
APPOINTING AUTHORITY

2/6/12
DATE

[Signature]
DEPARTMENT DIRECTOR

2-7-12
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)

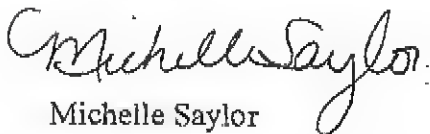


Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Chris Loftus
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

07 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Chris Loftus CLASSIFICATION: EGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Self Employed
Chris Loftus

Cleveland, Ohio,

JOB TITLE: Real Estate Appraiser

TYPES OF DUTIES PERFORMED:

Research, collect data, and view properties for the purpose of real estate appraisal.


HOURS TO BE WORKED: 12-18 per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.


Employee Signature

1-29-12
Date

AUTHORIZED BY: 

2/6/12
DATE

APPOINTING AUTHORITY
Mark L. Fligh
DEPARTMENT DIRECTOR

2-7-12
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)

**Bureau of Workers'
Compensation**30 W. Spring St.
Columbus, OH 43215**Certificate of Premium Payment**

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

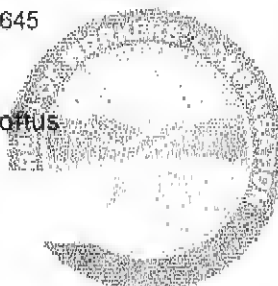
Period Specified Below

CONFIRMATION NUMBER: 283775645
APPLICATION NUMBER: 75508805

2/4/2012 Thru 8/31/2012

Christopher J Loftus

Cleveland, OH



ohiobwc.com

Administrator/CED

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation**Required Posting**

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Michael Majercak
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/30/12
Date

☒ Approved

☐ Disapproved

M. L. Flask 1/31/2012
Martin L. Flask, Director

31 JAN 2012
Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: Michael E Majercak CLASSIFICATION: Captain

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cleveland Clinic Foundation
9500 Clinic Dr
Cleveland, Ohio
440-824-6116

JOB TITLE: Paramedic

TYPES OF DUTIES PERFORMED:

ALS & BLS patient care

HOURS TO BE WORKED: Average between 8-20 hrs per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Michael E Majercak
Employee Signature

1/25/12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215-2258

Governor John R. Kasich
Administrator/CEO Stephen Buehrer

ohiobwcc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below 1st DAY OF January 2012 1st DAY OF January 2013
--	---

20002978-20 CLEVELAND CLINIC HOME CARE
20002978-21 CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogene Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Anthony Missig
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/24/12
Date

☒ Approved

☐ Disapproved

 1/30/2012
Martin L. Flask, Director

30 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Anthony Missig CLASSIFICATION: BC

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

D. Martens / 6900 Lake Abrams / Middleburg Hts / 234-6000

JOB TITLE: Medic

TYPES OF DUTIES PERFORMED:

HOURS TO BE WORKED: Various < 20 hrs / week.

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Anthony Missig
Employee Signature

1/16/2012
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

1/24/12
DATE

[Signature] 1/30/2012
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)



DONALD MARTENS & SONS
AMBULANCE SERVICE

Date: 12/15/11

To: Whom it may concern:

Subject: BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohio. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

Robert Ryan, RN
EMS Director
440-234-6000
bryan@martensambulance.com



DONALD MARTENS & SONS
AMBULANCE SERVICE



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Richard Mizlikar Jr

(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/6/12
Date

☒ Approved

☐ Disapproved



Chief, Division of Police *Chief*

2-17-12
Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.

Name: RICHARD R. MIRIKAR JR. Rank: FGF Badge: FF 34 Date of Appointment: 2-1-93

Present assignment: Office ☐ Car 713 ☒

Employer: VILLAGE OF NEWBURGH HEIGHTS Address: 4000 WASHINGTON City: NEWBURGH HTS Type of Business: LAW ENFORCEMENT

Address of Secondary Employment: 4071 E. 49 Nature of Duties: BASIC PATROL

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☒ Other Authorized ☐ Civilian Dress

Description of Firearm: GLOCK 21 Serial #: GCH 634 Regualification Date: 10/21/11

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: 1 year Maximum number of hours per week: 20

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: _____ Address: _____ Weekly Hours: _____

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: Richard Mirikar Jr. Signature: [Signature] Date: 1/27/12

Arson Unit Chief: Michael A. Del BC Date: 2/1/2012 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 2/6/12 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McGeath Date: 2-17-12 Approved: ☒ Denied: ☐

Comments: Chief

Approval: _____ Date: _____



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

31815103

09/08/2011 Thru 05/15/2012

NEWBURGH HEIGHTS VILLAGE
4000 WASHINGTON PARK BLVD
NEWBURGH HTS OH 44131

ohiobwc.com



Stephen P. Buehler
John A. Buehler, P.E. & Co., LLC

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment

DP-29 BWC-1629 7/7/08



VILLAGE OF NEWBURGH HEIGHTS
POLICE DEPARTMENT
FIREARMS REQUALIFICATION



Duty Rounds Issued _____

Indoor ☒

Day FRIDAY Date 10-21-11 Outdoor _____

RANK PTLM Regular _____ Part-time ☒

NAME MIZIMAR, RICHARD R. JR.
(Print: Last/First/M.I.)

Vest Worn Yes ☒ No _____ Duty Rig ☒ Pancake _____ Leg Holster _____ Other _____

WEAPON INFORMATION:

Make GLUC Model 21 Caliber/Gauge 45

Barrel Length 4" Serial Number GEX 634

Mag/Cylinder Capacity 13 Department Owned weapon ☒ Personally Owned Weapon _____

New Weapon _____ Off Duty Weapon _____

ON THIS DATE I RECEIVED A CLASS OF INSTRUCTION AND A COPY OF WRITTEN POLICIES REFERENCE THE NEWBURGH HEIGHTS POLICE DEPARTMENT USE OF FIREARMS, LETHAL FORCE, AND FIREARM SAFETY PROCEDURES. MY SIGNATURE INDICATES THAT I UNDERSTAND THESE POLICES.

Officer's Signature [Signature] 347

1st Requal. Session 6 2nd Requal. Session _____ 4 Hr. Training & Requal. Session _____

Pass 6 Fail _____

Instructors

Comments _____

Instructors Signature PIL 5 - REQ 05407